

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
10/1X23043

FILING DATE

01/410

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
	1				51				
2					52	1			
3					53	1			
4					54	1			
5					55	1			
6					56	1			
7					57				
8					58				
9					59				
10					60				
11					61				
12					62				
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42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.					TOTAL IND.	3			
TOTAL DEP.					TOTAL DEP.	14			
TOTAL CLAIMS					TOTAL CLAIMS	19			